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MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. 09/936489	FILING DATE	
							APPLICANT(S)		
CLAIMS									
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.
1	/		/				51		
2		/		/			52		
3		/		/			53		
4		/		/			54		
5		/		/			55		
6		/		/			56		
7		/		/			57		
8		/		/			58		
9		/		/			59		
10		/		/			60		
11		/		/			61		
12		/		/			62		
13		/		/			63		
14		/		/			64		
15		/		/			65		
16		/		/			66		
17		/		/			67		
18		/		/			68		
19		/		/			69		
20		/		/			70		
21		/		/			71		
22		/		/			72		
23		/		/			73		
24		/		/			74		
25		/		/			75		
26		/		/			76		
27		/		/			77		
28		/		/			78		
29		/		/			79		
30		/		/			80		
31		/		/			81		
32		/		/			82		
33		/		/			83		
34		/		/			84		
35		/		/			85		
36		/		/			86		
37		/		/			87		
38		/		/			88		
39		/		/			89		
40		/		/			90		
41		/		/			91		
42		/		/			92		
43		/		/			93		
44		/		/			94		
45		/		/			95		
46		/		/			96		
47		/		/			97		
48		/		/			98		
49		/		/			99		
50		/		/			100		
TOTAL IND.	1		7				TOTAL IND.		
TOTAL DEP.	10		15				TOTAL DEP.		
TOTAL CLAIMS	13		22				TOTAL CLAIMS		